

-63-000677

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 59

Primary Registration District No. \_\_\_\_\_

Registrar's No. 16

STATE FILE NUMBER

**FILED JAN 29 1963**

## 1. PLACE OF DEATH

a. COUNTY Cassb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Raymore

Length of stay in 1b

Lifec. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION no street addressInside Limits  
Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.b. COUNTY Cass

admission)

c. CITY  
OR TOWN RaymoreInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS (none)

(If outside, give location)

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

ADELLE

Middle

CARRIE

Last

COX4. DATE  
OF DEATH

Month

Day

Year

Jan. 23, 1963

## 5. SEX

Female

## 6. COLOR OR RACE

White7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

10/3/190

## 9. AGE (last birthday)

72IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Teacher

## 10b. KIND OF BUSINESS OR INDUSTRY

Public Schools

## 11. BIRTHPLACE (City and state or country)

Cass Co., Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Thomas E. Miller

## 13b. MOTHER'S MAIDEN NAME

Emma Jewett

## 14. NAME OF HUSBAND OR WIFE

Martin Cox

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Martin CoxRaymore, Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

CarcinomatosisINTERVAL BETWEEN  
ONSET AND DEATH1 1/2 yrsConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.DUE TO (b) Adenocarcinoma, rectum

DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days:

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour Month Day Year  
p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from Nov. 1961 to Jan 23, 1963 and last saw her alive on Jan 22, 1963  
Death occurred at 6:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Marian Lambert M.D.

## 22b. ADDRESS

11610 So 71 Highway

## 22c. DATE SIGNED

1/23/6323a. BURIAL, CREMATION,  
REMOVAL (Specify)Burial

## 23b. DATE

1/25/1963

## 23c. NAME OF CEMETERY OR CREMATORY

Raymore Cem. Raymore, Mo

## 23d. LOCATION (City, town, or county)

Raymore City, Mo.

(State)

## 24. FUNERAL DIRECTOR

E. K. George & Sons

## ADDRESS

Belton, Mo.

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

Ray J. Leber

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

APR 11 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard E. George

Licensed Embalmer No. 3958

P. O. Address Belton Mo

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.